

## VOLUNTEER APPLICATION

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birthday (Month and Day Only): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Why do you want to become a volunteer for Long Term Care Ombudsman Program (LTCO)?

2. What do you hope to accomplish as a volunteer with the LTCO Program?

3. How did you first learn about volunteering with LTCO Program?

Newspaper Ad    LTCO Staff    LTCO Volunteer    Poster    Brochure    Flyer

Other: \_\_\_\_\_

4. How many hours a month (*Local program: decide per month or week*) are you available to volunteer with the LTCO Program? \_\_\_\_\_

5. What time of the day and on which day do you prefer to work/volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time of Day:							

6. Are you currently employed?    Yes    No    If yes, how many hours a week do you work? \_\_\_\_\_

7. Briefly describe previous related experience to this volunteer position:

8. Have you ever been inside a nursing home?    Yes    No    Unsure

Have you ever been inside a personal care home or assisted living facility?    Yes    No    Unsure

If yes please describe your experience(s):

9. Please check the education that you have received:

Graduate School	High School	Technical Training	Some College	College Degree
Graduate Degree	Other: _____			

10. Please check any of the following special skills or interest that you have:

Computer Skills	Office Skills	Public Speaking	Mediation	Counseling
Teaching	Volunteer Management	Interviewing Skills	Legal Training	Medical Training
Sign Language	Fund Raising	Foreign Language		
Other: _____				

11. Are you willing and able to make a one year commitment to volunteer with the LTCO?      Yes      No      Unsure

12. What questions /concerns do you have about the volunteer position?

13. List any previous volunteer experience that you have had. Please include the organization, your involvement and the length of time you volunteered.

14. Please supply any addition information that might be useful:

15. As this volunteer position often requires working with vulnerable adults, if we need to do a criminal background check, do you grant permission?      Yes      No

16. Please list three references we may contact. These should not be relatives but should be teachers, employers or other community members:

Name: _____	Relationship to You: _____
Address: _____	Phone Number: _____
Name: _____	Relationship to You: _____
Address: _____	Phone Number: _____
Name: _____	Relationship to You: _____
Address: _____	Phone Number: _____

17. Please provide the name and phone number of a person we should notify in the event of an emergency:

Name: _____	Date: _____
Address: _____	City: _____
Home Phone: _____	Work Phone: _____
Zip Code: _____	

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your interest in volunteering with Long Term Care Ombudsman Program.*

*Please return the application to the following address: \_\_\_\_\_*

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